

Standardized Template -WORD
PacifiCare SignatureValueSM
(HMO) HIPAA 10-35/250d

Plan Name PacifiCare of California - PacifiCare SignatureValueSM (HMO) HIPAA 10-35/250d	Plan Contact Name and Phone Number Customer Service Department (800) 624-8822 or (800) 442-8833 (TDHI)
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Coverage summary

Eligibility requirements	<input type="checkbox"/> HIPAA Eligibility Member must meet the following requirements of federal eligibility as set forth in Health Insurance Portability and Accountability Act of 1996 (HIPAA) and California legislation: (a) Has had 18 or more months of creditable coverage, and whose most recent prior creditable coverage was under a group health plan, a federal governmental plan maintained for federal employees, or a governmental plan or church plan as defined in the federal Employee Retirement Income Security Act of 1974 (29 U.S.C. Sec. 1002) (b) Is not eligible for coverage under a group health plan, or Medi-Cal, and does not have other health insurance coverage. For the initial enrollment, you cannot be eligible for or covered under Title XVIII of the United States Social Security Act. If you later become eligible for such coverage, you may continue the HIPAA plan coverage. (c) Was not terminated from his or her most recent creditable coverage due to nonpayment of premiums or fraud (d) If offered continuation coverage under COBRA or Cal-COBRA, has elected and exhausted that coverage <input type="checkbox"/> General Eligibility requirements for PacifiCare's Individual Products also apply and are as follows: (*1)
The premium cost of each benefit package in the service area in which the individual and eligible dependents work or reside	Premiums charged by plans vary by region and age of subscribers.

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When and under what circumstances benefits cease	<input type="checkbox"/> Member no longer meets PacifiCare “Eligibility Requirements” <input type="checkbox"/> Member establishes his or her Primary Residence outside the PacifiCare Service Area (except for a child subject to a qualified child medical support order) <input type="checkbox"/> Nonpayment of Health Plan premiums, copayments or fees owed to a Provider or PacifiCare for covered services <input type="checkbox"/> Member fails to reimburse PacifiCare for payments made in error <input type="checkbox"/> Member fraud or misrepresentation <input type="checkbox"/> Member permits misuse of identification card <input type="checkbox"/> Disruptive behavior <input type="checkbox"/> Member never eligible for Membership <input type="checkbox"/> Voluntary disenrollment by Subscriber, in writing
The terms under which coverage may be renewed	Members may renew so long as they comply with the terms of the Subscriber Agreement and Combined Evidence of Coverage and Disclosure Form, including the payment of premiums on or before the first day of the month for which coverage is provided and subject to PacifiCare’s right to amend the Agreement. Any changes in premium or benefits are effective 30 days after written notice is given to the Subscriber at his or her last known address.
Other coverage that may be available if benefits under the described benefit package cease	A member may apply for any other available HMO standard product which PacifiCare offers, subject to medical underwriting criteria or another HMO HIPAA product which PacifiCare offers.
The circumstances under which choice in the selection of physicians and providers is permitted	Each member is required to select a primary physician within PacifiCare’s network of providers and within 30 miles of his or her residence, and except for emergency or urgently needed services, must receive a referral for specialty services in advance from his or her primary care physician.
Lifetime and annual maximums	No lifetime maximum. Annual copayment maximums are \$2,500 per individual, two individual maximums per family. Annual copayment maximum does not include copayments for supplemental outpatient prescription drug benefits or durable medical equipment.
Deductibles	None

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Benenefits Summary (**2) & (***)		Co-payments	Limitation
Professional Services	Physician office visits, including, but not limited to preventive care, immunizations, screenings and diagnostic visits.		Member required to obtain referral to a specialist or Nonphysician Health Care Practitioner, except for OB/GYN physician services and emergency/urgently needed services.
	<input type="checkbox"/> Office visit <ul style="list-style-type: none"> – PCP – Specialist/Nonphysician Health Care Practitioner 	\$10.00 \$35.00	Copolyments for audiologists and podiatrist visits will be the same as for the PCP.
	<input type="checkbox"/> Allergy testing/treatment <ul style="list-style-type: none"> – PCP – Speciaist 	\$10.00 \$35.00	
	<input type="checkbox"/> Immunizations <ul style="list-style-type: none"> – PCP – Specialist 	\$10.00 \$35.00	
	<input type="checkbox"/> Periodic health evaluations	\$10.00	
	<input type="checkbox"/> Physician care <ul style="list-style-type: none"> – PCP – Specialist/Nonphysician Health Care Practitioner 	\$10.00 \$35.00	Copolyments for audiologists and podiatrist visits will be the same as for the PCP.
	<input type="checkbox"/> Well-baby care	\$0.00	
	<input type="checkbox"/> Well-woman care	\$10.00	
Outpatient Services	Outpatient services, including, but not limited to surgery and treatment, and diagnostic procedures.		
	<input type="checkbox"/> Alcohol, drug or other substance abuse or addiction	\$35.00	Detoxification only.

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<input type="checkbox"/> Cochlear implants	\$35.00	
<input type="checkbox"/> Dental Anesthesia	\$35.00	Additional charges for outpatient and inpatient surgery may apply Copayments for audiologist visits will be the same as the PCP.
<input type="checkbox"/> Hearing screening		
– PCP	\$10.00	
– Specialist/Nonphysician Health Care Practitioner	\$35.00	
<input type="checkbox"/> Dialysis	\$35.00	
<input type="checkbox"/> Maternity care, tests and procedures	\$10.00	
<input type="checkbox"/> Outpatient rehabilitation therapy	\$35.00	
<input type="checkbox"/> Health education services	\$0.00	
<input type="checkbox"/> Laboratory	\$0.00	
<input type="checkbox"/> Outpatient surgery	\$250 Copayment per admit	
<input type="checkbox"/> Oral surgery	\$0.00	
<input type="checkbox"/> Radiation Therapy		In instances where contracted rate is less than member's copayment, member will pay on the contracted rate.
– Standard	\$0.00	
– Complex	\$100.00	
<input type="checkbox"/> Radiological procedures		In instances where contracted rate is less than member's copayment, member will pay on the contracted rate.
– Standard	\$0.00	
– Specialized scanning and imaging procedures (CT, SPECT, PET and MRI with or without contrast media)	\$50.00	

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<input type="checkbox"/> Vasectomy	\$50.00	
<input type="checkbox"/> Tubal ligation	\$100.00	Copayment applies regardless of whether this service is performed on an inpatient or outpatient basis. If the service is performed on an inpatient basis, the member will also be required to pay the applicable inpatient copayment.
<input type="checkbox"/> Insertion/removal of Intra-Uterine Device (IUD)		
– PCP	\$10.00	
– Specialist	\$35.00	
<input type="checkbox"/> Intra-Uterine Device (IUD)	\$50.00	
<input type="checkbox"/> Removal of Norplant		
– PCP	\$10.00	
– Specialist	\$35.00	
<input type="checkbox"/> Depo-Provera injection		
– PCP	\$10.00	
– Specialist	\$35.00	
<input type="checkbox"/> Depo-Provera medication	\$35.00	Limited to one Depo-Provera injection every 90 days.
<input type="checkbox"/> Voluntary interruption of pregnancy		
– 1st trimester	\$125.00	
– 2nd trimester (12 – 20 weeks)	\$200.00	
– After 20 weeks	Not covered	Not covered unless mother's life is in jeopardy or fetus is not viable
<input type="checkbox"/> Cancer clinical trials	Paid at contracting rate	Balance, if any, is responsibility of member. Requires preauthorization by PacifiCare.
<input type="checkbox"/> Vision refractions	\$35.00	
<input type="checkbox"/> Vision screening		
– PCP	\$10.00	
– Specialist	\$35.00	

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Hospitalization Services	Including, but not limited to room board and supplies.	\$250 Copayment per day#	#Inpatient Copayment applies to a maximum of 4 days per stay
	<input type="checkbox"/> Inpatient physician care	\$0.00	Autologous (self-donated) blood, plan pays up to \$120.00 per unit.
	<input type="checkbox"/> Alcohol, drug or other substance abuse or addiction	\$250 Copayment per day#	Detoxification only. Copayment applies to a maximum of 4 days per stay.
	<input type="checkbox"/> Bone marrow transplants	\$250 Copayment per day#	Donor searches limited to \$15,000 per procedure.
	<input type="checkbox"/> Cancer clinical trials	Paid at contracting rate	Balance, if any, is responsibility of member. Requires preauthorization by PacifiCare.
	<input type="checkbox"/> Hospice	\$250 Copayment per day#	Prognosis of life expectancy of one year or less.
	<input type="checkbox"/> Mastectomy/breast reconstruction	\$250 Copayment per day#	After mastectomy and complications from mastectomy.
	<input type="checkbox"/> Maternity care	\$250 Copayment per day#	Newborn care does not apply when newborn is discharged with the mother within 48 hours of the baby's normal vaginal delivery or 96 hours of the baby's cesarean delivery.
	<input type="checkbox"/> Newborn care	\$250 Copayment per day#	
	<input type="checkbox"/> Reconstructive surgery	\$250 Copayment per day#	
	<input type="checkbox"/> Rehabilitation care	\$250 Copayment per day#	
	<input type="checkbox"/> Voluntary interruption of pregnancy		
	– 1st trimester	\$125.00	
	– 2nd trimester	\$200.00	
	– After 20 weeks	Not covered	Not covered unless mother's life is in jeopardy or fetus is not viable

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Emergency Health Coverage	<input type="checkbox"/> Emergency room services at contracted and non-contracted facilities for medically necessary emergency services.	\$100.00	Waived if admitted	Medically necessary services required outside member's Service Area.
	<input type="checkbox"/> Urgently needed services	\$50.00	Waived if admitted	
Ambulance Services	Emergency ambulance transport	\$50.00		
Prescription Drug Benefits	Medically necessary drugs prescribed by a physician.			Annual copayment maximum does not include copayments for supplemental outpatient prescription drug benefits.
	<input type="checkbox"/> Generic	\$10.00		Copayments for Generic and Brand apply per prescription unit up to one month supply for formulary and prior-authorized non-formulary drugs.
	<input type="checkbox"/> Brand	\$35.00		
	<input type="checkbox"/> Mail Order			Mail Order (up to three prescription units or 90-day supply)
	– Generic	\$20.00		Copayment not applicable to allergy serum, immunizations, birth control, *infertility or insulin. * Not covered.
	– Brand	\$70.00		
	<input type="checkbox"/> Injectable Drugs	\$150.00		

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Durable Medical Equipment	<p>Including, but not limited to, wheelchair, walker, hospital bed or an oxygen delivery system. .</p> <p><input type="checkbox"/> Durable medical equipment \$50.00</p> <p><input type="checkbox"/> Eligible materials and supplies (includes, but is not limited to, gauze, ointments, bandages, slings, and casts) \$0.00</p> <p><input type="checkbox"/> Prosthetics and Corrective Appliances \$50.00</p>	<p>\$2,000 annual benefit maximum. Annual copayment maximum does not include copayments for durable medical equipment. In instances where PacifiCare's contracted rate is less than member's copayment, member will pay only the contracted rate</p> <p>In instances where PacifiCare's contracted rate is less than member's copayment, member will pay only the contracted rate</p>
Mental Health Services	<p>Inpatient and outpatient mental health services, including, but not limited to, mental health parity services for serious mental disorders and severe emotional disturbances for children.</p> <p><input type="checkbox"/> Attention deficit disorder (medical management) – outpatient only</p> <p>– PCP \$10.00</p> <p>– Specialist/Nonphysician Health Care Practitioner \$35.00</p> <p><input type="checkbox"/> Medical social services \$0.00</p> <p><input type="checkbox"/> Inpatient -Severe Mental Illness (SMI) and Serious Emotional Disturbances of Children (SED) Only \$250 Copayment per day#</p> <p><input type="checkbox"/> Outpatient – SMI and SED</p>	<p>#Inpatient Copayment applies to a maximum of 4 days per stay</p>
	– PCP \$10.00 per visit	
	– Specialist/Nonphysician Health Care Practitioner \$35.00 per visit	

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Residential Treatment	Transitional residential recovery services. See specific benefit categories, such as detoxification, inpatient hospitalization, inpatient SMI and hospice.	N/A
Chemical Dependence Services	<input type="checkbox"/> Substance abuse treatment or rehabilitation	\$250 Copayment per day# Detoxification only. #Inpatient Copayment applies to a maximum of 4 days
Home Health Services	Home health and hospice care services. (****4) Home Health Services <input type="checkbox"/> Hospice - Outpatient - Inpatient	\$10.00 per visit Up to 100 visits per year Prognosis of life expectancy of one year or less. \$0.00 \$250 Copayment per day# #Inpatient Copayment applies to a maximum of 4 days per stay
Custodial Care and skilled nursing facilities	Skilled nursing care and skilled nursing facilities services. Infusion Therapy	Custodial care is not covered Up to 100 consecutive calendar days from the first treatment per admission \$50 Copayment per day \$100.00 Copayment in addition to home health or facility copayment

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(*1) General Eligibility requirements for PacifiCare's Individual Products are as follows

- (a) Subscriber must continually and permanently reside within PacifiCare's Service Area
- (b) Member must designate a Participating Medical Group for each enrolled Member within a 30-mile radius of the Subscriber's Primary Residence or Primary Workplace
- (c) Subscriber must pay Health Plan Premiums to PacifiCare as described in the Agreement/Combined Evidence of Coverage and Disclosure Form
- (d) Subscriber must notify PacifiCare of any changes to the information requested or provided on the PacifiCare Enrollment Application within 30 days of the change. This information includes the Members' addresses, marital status or dependent status
- (e) Subscriber's Spouse
- (f) Unmarried Dependent children who are:
 - Under the age of 24
 - Natural born children or children placed for the purpose of adoption by, or legally adopted children of, the Subscriber's Spouse (i.e., stepchildren)
 - Children for whom the Subscriber or the Subscriber's Spouse has been appointed a legal guardian by a court
 - Children for whom the Subscriber or the Subscriber's Spouse is required to provide health coverage pursuant to a qualified medical support order
- (g) The Subscriber through whom the Dependent is eligible must be enrolled in the Health Plan

(**2) This is a benefit summary. Please consult the individual plan's Evidence of Coverage for more detailed information on benefits under the plan, including any related exclusions not contained in this benefit summary.

(***3) Percentage co-payments present a percentage of actual cost. When participating providers are compensated on a fee for service basis, the actual cost is the negotiated fee rate. In a PPO, percentage copayments for non-emergency services provided by non-participating providers are a percentage of usual, customary or reasonable rates or billed charges, whichever is less, and enrollees are also responsible for any excess amount.

(****4) Hospice benefits are available through the plan. Please consult the plan's Evidence of Coverage.